



## DMEPOS Physician Order Form Instructions

### General Instructions

This form must be completed and signed as outlined in the instructions below before DMEPOS/medical supplies providers contact the Medicaid Agency for prior authorization. The original form can either be faxed, mailed or submitted in person.

Either DMEPOS supplier/Medicaid provider or prescribing physician may initiate the form. This completed form must be retained in the records of both the DMEPOS supplier/medical provider and prescribing physician, and is subject to retrospective review. This form becomes a prescription when the physician signs the Clinician attestation section. With the exception of the DME provider's signature, this form may not be altered or amended once it is signed by the prescribing physician.

*Note: This form cannot be accepted beyond 90 days from the date of the prescribing physician signature.*

### Requested DMEPOS items

The supplier or prescribing physician can complete Section I. Include the most appropriate procedure code description using the Healthcare Common Procedure Coding System (HCPCS). Codes used below are for example only. In addition, include the appropriate quantity and the manufacturer's suggested retail price (MSRP) if the item requires manual pricing. The appropriate box must be completed to indicate whether this section was completed by the physician or the supplier. If the item requested is beyond the quantity limit or a custom item, additional documentation must be provided to support determination of medical necessity.

#### Requested Durable Medical Equipment and Supplies

Item Number	HCPCS Code	Description of DME/medical supplies	Quantity	Price
1	E0XXX	Appropriate HCPCS code description	1	\$50
2	E1XXX	Appropriate HCPCS code description	1	\$1000

#### Example of Supplies

Item Number	HCPCS Code	Description of DME/medical supplies	Quantity	Price
1	A4XXX	Appropriate HCPCS code description	2 boxes	N/A
2	A4XXX	Appropriate HCPCS code description	1 box	\$1000

*Note: Addendums without this form will not be accepted.*

*Reminder: Home health services are not a benefit for clients residing in a nursing facility, hospital or intermediate care facility.*

*Note to DME: All equipment is to be assembled, installed and used pursuant to the manufacturer's instructions and warning.*

### Diagnosis and Medical Information

The prescribing physician must indicate the corresponding item number requested from Section III, appropriate diagnosis code with a brief description, and complete justification for determination of medical necessity for the requested item(s). If applicable, include height/weight, wound stage/dimensions

and functional/mobility. The physician is not required to repeat the procedure code or description of the requested DME or supplies in this section.

*Note: The date last seen must be within 6 months of the start of services.*

The prescribing physician must indicate the duration of need for the prescribed supplies/DME. The estimated duration of need should specify the amount of time the supplies/DME will be needed, such as six weeks, three months, lifetime, etc. The prescribing physician NPI (if any) must be indicated.

*Note: Signature from nurse practitioners, physician assistants, and chiropractors will not be accepted. Signature stamps and date stamps are not acceptable.*

**Diagnoses:**

Providers must use an appropriate diagnosis code for all prior authorization requests. Codes used below are for example only.

Item No from Section I	Diagnosis	Brief Diagnosis Description	Complete justification for determination of medical necessity for requested item(s). Refer to Section III: Equipment Requested
1, 2	I6XXX	Appropriate Diagnosis description	Unable to get in and out of the tub or shower
2	E6XXX	Appropriate Diagnosis description	Need swing-away arms and legs for transfer secondary to hemiparesis.

**Examples of Supplies**

Item No from Section I	Diagnosis	Brief Diagnosis Description	Complete justification for determination of medical necessity for requested item(s). Refer to Section III: Equipment Requested
1, 2,3	E1XXX	Appropriate Diagnosis description	Patient has frequent variation of blood glucose levels and needs monitoring several times a day